

**STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
BOARD OF REGISTERED NURSING MINUTES**

DATE: June 7-9, 2006

TIME: June 7, 2006 – 6:00 pm – 9:00 pm
June 8-9, 2006 – 9:00 am Both Days

LOCATION: Hilton San Diego Mission Valley
901 Camino del Rio South
San Diego, CA 92108

PRESENT: LaFrancine Tate, Public Member, President
Grace Corse, RN, Vice President
Jill Furillo, RN
Elizabeth O. Dietz, Ed.D. RN,CS-NP
Janice Glaab, Public Member
Orlando H. Pile, M.D.
Susanne Phillips, MSN, RN, APRN-BC, FNP

NOT PRESENT: LaFrancine Tate, Public Member, President (June 8-9, 2006)
Carmen Morales-Board, MSN, RN, NP (June 7-9, 2006)
Jill Furillo, RN (June 7-8, 2006)
Mary Hayashi, Public Member (June 7-9, 2006)

ALSO PRESENT: Ruth Ann Terry, MPH, RN, Executive Officer
Heidi Goodman, Assistant Executive Officer
Elliot Hochberg, Manager, Enforcement Program
Carol Stanford, Manager, Diversion/Probation Program
Louisa Gomez, Manager, Licensing Standards & Evaluation; Advanced Practice
Louise Bailey, MEd, RN, Supervising NEC
Maria Bedroni, EdD, MN, RN, NP, Supervising NEC
Miyo Minato, NEC, RN
Carol Mackay, RN, NEC
Geri Nibbs, RN, MN
Janette Wackerly, MBA, RN
Charlene Zettel, Director, Department of Consumer Affairs
Nancy Rasmussen, Administrative Law Judge
Ron Espinoza, Deputy Attorney General
Laura Freedman, Legal Counsel
Karin Bloomer, Facilitator, MGT of America
Christina Sprigg, Enforcement Program
Eleanor Calhoun, Recording Secretary

Wednesday, June 7, 2006

L. Tate, Board President, called the Strategic Planning Workshop to order at 6:10 pm. K. Bloomer, MGT America facilitated the workshop.

Thursday, June 8, 2006

1.0 CALL TO ORDER

G. Corse, Board Vice-President, called the meeting to order at 9:00 am and had the Board members introduce themselves. The Board welcomed students from El Camino College and De Anza College.

2.0 DISCIPLINARY MATTERS

The Board convened in closed session pursuant to Government Code Section 11126(c)(3) to deliberate on these matters and other disciplinary matters including stipulations and proposed decisions, and pursuant to Government Code Section 11126(e)(1,2(A)) to confer with Legal Counsel regarding pending litigation.

Termination of Probation

CLIFFORD, Cheryl Leigh

GRANTED

Reinstatements

GARCIA, Philip Alan

GRANTED, 5 yrs. probation

LAMPMAN, Elizabeth Ann

GRANTED, 3 yrs. probation

MITCHELL, Darryl Stanley

GRANTED, 3 yrs. probation

OTT, Cynthia (aka Lauren Ott)

DENIED

SAMANDARI, Delshad

DENIED

Closed Session Discussion Items

G. Corse, Board Vice-President, called the closed session meeting to order at 1:40 pm. The closed session adjourned at 2:45 pm.

Friday, June 9, 2006

G. Corse, Board Vice-President, called the meeting to order at 9:05 am and had the Board members introduce themselves.

3.0 OPEN FORUM

4.0 APPROVE/NOT APPROVE MINUTES OF April 6-7, 2006 Board Meeting.

MSC: Furillo/Dietz that the Board approve minutes from the April 6-7, 2006 Board meeting.
5/0/0

5.0 REPORT ON BOARD MEMBERS' ACTIVITIES

G. Corse attended the pinning ceremony at East Los Angeles College on May 23, 2006.

6.0 EXECUTIVE OFFICERS' REPORT ON BOARD AND DEPARTMENT ACTIVITIES

R. Terry presented this report

R. Terry acknowledged C. Zettel, Director of the Department of Consumer Affairs. Ms. Zettel thanked the Board for its work and also thanked the public and those in attendance from the nursing population for their interest and input on nursing matters.

1.0 Board's Budget Update

Budget Hearings - The Assembly Budget Subcommittee No. 4 hearing was held on April 24, 2005. The Board was on the consent calendar and was not required to attend. Both the Assembly and the Senate approved the Board's budget at \$21.3 million for FY 2006/2007.

General Loan - The Director has advised the Board that we are **proposed** to receive the final General Fund loan repayment of \$6.2 million via Department of Finance's FY 2006-07 May Revision plan.

AG Rate Increase – Effective July 1, 2006, the Attorney General's billing rate will increase from \$146 to \$158 per hour for standard attorney services and paralegal services will increase from \$92 to \$101. The Board received an augmentation of \$231,000 via Budget Letter 0527 to offset the increases.

2.0 Department of Consumer Affairs (DCA) Updates

On May 12, 2006, the Department hosted the first California Senior Summit: "Protecting and Serving California's Aging Population" at the Sacramento Convention Center. Many executive officers including the BRN provided overviews on how the public can protect themselves by calling the Boards, Bureaus to determine if the person or business they plan to use are licensed and in good standing. With over 400 people in attendance, participants benefited from 15 courses designed for local, state, and federal senior care providers, which discussed local and state approaches to protecting California's seniors. The Summit was sponsored by the community based consumer protection group Consumer Action and was a huge success in helping providers to better serve seniors.

During April and May the department held four Town hall Meetings open to all DCA employees. Director Charlene Zettel used this opportunity to introduce DCAs executive staff and provide an overview of their duties as well as address concerns that DCA staff had in regards to the recent move.

iLicensing Update – On May 17th, the Senate Budget Committee approved the Spring Finance Letter for the iLicensing Project requesting \$11.2 million over four (4) years. The project has a total cost of \$14.3 million. Additionally, the department requested 8 PYs for the project (increasing to 13 PYs in FY 2008/09). This project replaces the existing on-line Professional Licensing system with the new iLicensing system.

Public Records Act (PRA) Training – On March 29, 2006, Governor Schwarzenegger issued Executive Order S-03-06 that requires every agency 1) establish PRA written guidelines and post them in a conspicuous place and no fees can be charged for providing a copy of the guidelines; 2) designate and train staff to receive and respond to PRAs; 3) submit a certification to the Legal Affairs Secretary designating the staff that have been trained on the requirements and responsibilities of the PRA.

DCA's Legal Affairs office provided training to all designated staff between April 24th and 28th that included BRN program managers and various staff that handle PRAs in the course of their jobs. Government Code Section 6253.4 states that access to information concerning the conduct of the people's business is a fundamental and necessary right of every person in the state. Public records in the physical custody of DCA or any of its constituent licensing agencies that are not exempt from disclosure will be made available for inspection or copying. The Department of Consumer Affairs Public Records Act Guidelines is posted at the Board's Public Counter.

3.0 NCSBN

The National Council of State Boards of Nursing (NCSBN) Delegate Assembly will be held August 1-4, 2006 in Salt Lake City, Utah. A copy of the Summary of Recommendations to the 2006 Delegate Assembly was provided for review.

4.0 Applicant Tracking System (ATS) and Consumer Affairs System (CAS)

Over the Memorial Day weekend, the ATS and CAS systems experienced significant issues that created a department-wide problem that affected both application and renewal processing. The problem was resolved on Friday, June 2, 2006.

5.0 Personnel

The following personnel changes have transpired since the last Board Meeting:

<u>New Hires</u>	<u>Classification</u>	<u>Board Program</u>
Joanna Huynh	Key Data Operator	Licensing Support
Puiman Wong	Key Data Operator	Licensing Support
Jeanette Barajas	Staff Services Analyst	Licensing Evaluation
Flora Hradetzky	Mgmt Service Technician	Diversion Program
Millicent Lowery	Associate Government Program Analyst	Diversion Program

<u>Promotions</u>	<u>Classification</u>	<u>Board Program</u>
Edward Montoya	Office Technician	Call Center

<u>Separations</u>	<u>Classification</u>	<u>Board Program</u>
Jimmy Lam	Key Data Operator	Licensing Support
Jennifer Scrambler	Office Assistant	Office Support
Lorraine Clarke	Staff Services Analyst	Licensing Evaluation
Leo Lam	Office Technician	Licensing Evaluation

7.0 REPORT OF THE ADMINISTRATIVE COMMITTEE

L. Tate, Chairperson

7.1 Approve/Not Approve: BRN 2006 Strategic Plan

R. Terry presented this report

The Strategic Planning workshop was held on June 7, 2006 in San Diego, California, and facilitated by K. Bloomer of MGT America.

There were very few changes to the existing plan. The Board conducts this workshop annually to ensure that the Board is keeping with its mission of protecting the health and safety of consumers by promoting quality registered nursing care in California.

MSC: Dietz/Pile that the Board approve the BRN 2006 Strategic Plan. 6/0/0

7.2 Information Only: Information Only: Update on RN Survey

C. Mackay presented this report

The BRN is conducting its biannual 2006 RN Survey through an interagency agreement with the University of California, San Francisco. The purpose of the survey is to collect and analyze RN workforce data for future workforce planning, pursuant to Business and Professions Code Section 2717. The survey will provide demographic information about the current RN workforce, compare data with prior surveys to identify trends, and forecast the future supply and demand of RNs in California. The results of the four prior RN surveys have proven invaluable to policy makers, legislators, industry groups, researchers and the media.

The 2006 survey has been slightly modified to be clearer for respondents and to update certain questions in keeping with current nursing practice. Changes were kept to a minimum in order to allow comparability to prior surveys for purposes of trend analysis. Examples of new questions include the ability to speak languages other than English, level of satisfaction with retirement benefits, availability of computerized health information systems and satisfaction with those systems. The survey was streamlined somewhat by eliminating a number of questions about the RN's secondary position which did not yield much useful data in 2004. Also, a separate, shorter survey was created for inactive or lapsed status RNs to eliminate many non-applicable questions for this group, and to focus on their reasons for leaving nursing and their intentions of returning.

For the first time, the 2006 RN Survey will be available online, as well as by paper-and-pencil, for the convenience of the respondent. Safeguards are in place to prevent duplicate responses to the survey.

In late June or early July 2006, UCSF plans to send the 2006 RN Survey to a randomly selected sample of 8,000 active-status RNs, including RNs with out-of-

state addresses. (As in 2004, there is a need to learn about out-of-state traveling or temporary RNs and their contribution to the California workforce.) The UCSF researchers have designed the sample of 8,000 RNs to provide more regional information than in past surveys. The survey for inactive and lapsed RNs will be sent to 1,000 RNs who have inactive licenses or licenses that have been lapsed for no longer than one year. An expanded sample of Bay Area RNs will be included at the request of the Gordon and Betty Moore Foundation, which will directly fund UCSF for that portion of the costs. The expanded sampling of that group will in no way affect the representativeness of the BRN survey because the UCSF researchers will take into account the oversampling of the 5-county area.

The survey data should be available for analysis in October or November 2006, and a final report will be delivered to the BRN in early 2007.

Dr. Joanne Spetz, director of the UCSF research project, is also conducting additional studies for the BRN as part of the interagency agreement. As reported in the Education/Licensing Committee section, Dr. Spetz is conducting further analyses of the 2004/05 Annual School Survey data, and she and her researchers will be developing, administering, and analyzing the 2005/06 Annual School Survey, in consultation with the Education Advisory Committee.

Dr. Spetz has also begun work on an evaluation of patterns of incoming and outgoing endorsements of registered nurses. We hope to be able to address questions such as why RNs move to other states, what percent of RNs who endorse into California intend to remain permanently versus work temporarily, and whether California is a “pass-through” state for RNs educated in other countries. BRN staff who process outgoing endorsements have noticed what seems to be a high rate of internationally-educated RNs moving to another state within less than 3 months of passing the NCLEX and becoming licensed in California.

7.3 Support/Not Support: California State Board of Education Response to Frequently Asked Questions on Medication Administration Assistance in Schools

G. Nibbs presented this report

At its June 2005 meeting, the Board voted to support the California Department of Education’s (CDE) program advisory on medication administration in public schools. Although the advisory is non-binding, it does establish statewide standards for the safe administration of medications in public schools, and is a valuable resource for school nurses. A key provision, which is consistent with the standard of practice in other settings and the Nursing Practice Act, addresses the issue of administration of medications by unlicensed personnel and reads in pertinent part:

"The unlicensed staff member does not administer medications that must be administered by injection, medications that have potential for immediate severe adverse reactions, or medications that require a nursing assessment or dosage adjustment before administration, except for emergency medications as allowed

by law." (Section IV. Persons Authorized to Administer Medication at School, subsection B2d, page 7)

In spite of the clarity of the advisory, CDE continued to receive questions related to the administration of insulin and rectal diastat, a suppository used to treat seizures, by unlicensed personnel. In response to the inquiries, CDE developed the attached "Frequently Asked Questions" document, stating that unlicensed school personnel may not administer these medications. The basis for the response is that there are only two statutory provisions permitting unlicensed personnel, under specified circumstances, to **administer** medications: epinephrine via auto-injector (Education Code (EC) 49414) and glugacon (EC 49414.5). The other pertinent Education Code section explicitly referencing the role of unlicensed personnel with medications (EC49423) states that they may "**assist**" the student with medication. CDE explains that the terms "assist" and "administer" are not synonymous.

The response articulates the CDE's position that, with the cited exceptions, there is no clear statutory authority for unlicensed personnel to administer medications.

8.0 REPORT OF THE LEGISLATIVE COMMITTEE

L. Tate, Chairperson

8.1 Information Only: Adopt/Modify Positions on Bills of Interest to the Board

Louise Bailey presented this report

AB 1964 Nakanishi: Health care: blood glucose monitoring

AB 1972 Daucher: Community colleges: employment of faculty

MSC: Pile/Dietz that the Board watch AB 1972. 6/0/0

AB 2120 Liu: Vehicles: disabled persons: disabled veterans: paring placards

MSC: Furillo/Phillips that the Board support AB 2120. 6/0/0

AB 2313 Arambula: Student financial aid: Ortiz-Pacheco-Poochigian-Vasconcellos Cal Grant Program: nursing education

MSC: Dietz/Pile that the Board watch AB 2313. 6/0/0

AB 2564 Matthews: Criminal Record Clearances

MSC: Pile/Glaab that the Board support AB 2564. 6/0/0

AB 2591 Keene: State agencies: accounts: reports

MSC: Furillo/Dietz that the Board watch AB 2591. 6/0/0

AB 2609 Evans: Residential facilities for the elderly: employee training

MSC: Phillips/Furillo that the Board support AB 2609. 6/0/0

SB 847 Ducheny: Community colleges: faculty

MSC: Dietz/Pile that the Board support SB 847. 6/0/0

SB 1285 Aanestad: Speech-language pathology
MSC: Dietz/Furillo that the Board oppose unless amended SB 1285. 6/0/0

SB 1301 Alquist: Health facilities: reporting and inspection requirements
MSC: Ouke/Phillips that the Board support SB 1301. 6/0/0

SB 1309 Scott: Nursing education: Health Science and Medical
Technology project: State Nursing Assumption Program of Loans
for Education: California Community Colleges
MSC: Pile/Phillips that the Board SB 1309. 6/0/0

SB 1423 Figueroa: Laser procedures
MSC: Phillips/Furillo that the Board oppose unless amended. 6/0/0

SB 1476 Figueroa: Professions and vocations
MSC: Dietz/Phillips that the Board support SB 1476. 6/0/0

SB 1759 Ashburn: Health facilities: background checks
MSC: Furillo/Phillips that the Board watch SB 1759. 5/0/1 - Pile

9.0 REPORT OF THE DIVERSION/DISCIPLINE COMMITTEE

J. Furillo, Chairperson

9.1 Information Only: Enforcement Program Update and Statistics

E. Hochberg presented this report

A copy of the Enforcement Program statistics for the first nine months of fiscal year 2005-2006 (July 2005 through March 2006) was provided for review.

Projections indicate that the number of complaints received will be comparable to the record set last fiscal year (3,148 last year, compared to 3,089 this year). Licensee and applicant disciplinary actions are projected to be less than last fiscal year. The filing of accusations and statements of issue are also anticipated to be less. This is due to slower activity at the AG during the first part of the fiscal year. However, with recently increased activity at the AG, the final results may be higher than current projections.

The number of referrals to the AG from the Enforcement Program in nine months is already higher than the fiscal year totals for any of the prior five fiscal years. This translates to a projected total number of referrals by the end of the fiscal year estimated to be 50% higher than last fiscal year. This substantial increase is due to ongoing systems improvements and efficiencies in the work of Enforcement Program staff.

For licensees, stipulated agreements are projected to far exceed the number of decisions reached through administrative hearings and default decisions combined

(128 stipulated agreements, compared to 31 administrative hearings and 52 default decisions).

The Board will continue to monitor statistics, with special emphasis on activity by the AG and Division of Investigation on the large number of cases in process and under investigation during fiscal year 2005-2006.

9.2 Information Only: Diversion Program Update and Statistics

C. Stanford presented this report

C. Stanford was officially hired as the Diversion/Probation Program Manager. Lorraine Clarke was promoted to Staff Services Analyst in the Licensing Unit. E. Jibben, a retired annuitant is temporarily filling her position. Interviews are being conducted for that position.

Contractor Update

Elizabeth Conway, a case manager for Maximus, resigned to pursue her educational career. Maximus hired a new case manager, Nancy Kessler, R.N., who was originally employed by the previous contractor and will be an asset to this new contractor.

Maximus corporate executive, Jonathan Ross, V.P. of Quality Assurance, conducted an interview with the Diversion Manager to get feedback on how the program is doing. He was given a detailed report about the progress the contractor has made over the past 3 years.

Diversion Evaluation Committees (DEC)

There are currently nine vacancies as follows: three Public, two Physicians and four Registered Nurses. Recruitment efforts are continuing and interviews are in the process of being scheduled.

Statistics

The Monthly Statistical Summary Report for February 2006, through March 2006 was provided for review. As of March 31, 2006, there are 1139 successful completions

9.3 Information Only: Probation Program Update and Statistics

C. Stanford presented this report

Program Update

The Program Manager along with the Assistant Executive Officer is working diligently with the Legal Office to change the program's drug screening process. Further information will be forthcoming.

Statistics

Below are the current statistics for the Probation Program through April 24, 2006.

MALE	108
FEMALE	321
CHEMICAL DEPENDENCY CASES	246
PRACTICE CASES	129
SOUTHERN CALIFORNIA	232
NORTHERN CALIFORNIA	197
PENDING AT THE AG	45
ADVANCED CERTIFICATES	42
TOTAL IN-STATE PROBATIONERS	429

- 9.4 (a) Approve/Not Approve: Diversion Evaluation Committee Member Appointment**
(b) Information Only: Diversion Evaluation Committee Member Resignations

C. Stanford presented this report

In accordance with Section 2770.2 (B&P), the Board of Registered Nursing is responsible for appointing persons to serve on the Diversion Evaluation Committee(s) of its Diversion Program. Each Committee is composed of three registered nurses, a physician and a public member with expertise in chemical dependency and/or mental health.

Appointments:

Below is the name of the candidate who was interviewed and is being recommended for appointment to a Diversion Evaluation Committee (DEC). The application and resume was provided for review. If appointed, her term will expire June 30, 2010.

Dianne Hayward Public Member Los Angeles DEC #3

Reappointments:

The following DEC members are requesting a second term appointment. If the appointments are approved, their terms will expire on June 30, 2010.

Sandra Cleveland Registered Nurse Central Valley DEC #5
Richard Jaco Physician Sacramento DEC #1

Barbara Leary	Registered Nurse	North Central DEC #12
Laura Leedahl	Registered Nurse	Ontario DEC #9

The following DEC members are requesting an extension of their appointment. All have served two terms and are interested in a one-year extension of their appointment. If approved, their terms will expire June 30, 2007.

Jo Chavis	Registered Nurse	Bay Area DEC #2
Eugene Feldman	Physician	Burbank DEC #8
Anna Fisher	Registered Nurse	Bay Area DEC #2
Denise Hughes	Registered Nurse	Bay Area DEC #2

MSC: Dietz/Furillo that the Board approve the DEC member appointments/extensions.
6/0/0

(b) Information Only: Diversion Evaluation Committee Member Resignation/Term Expirations

Resignation:

Below is the name of the Diversion Evaluation Committee member who has resigned.

Rhonda Ceccato	Public	Bay Area DEC #2
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Term Expirations:

Susan O'Day	Registered Nurse	Sacramento DEC #1
Mary Ellen Shimmel	Registered Nurse	Los Angeles DEC #3
R. Keith Simpson	Physician	Orange DEC #4
Rosalind Smith	Registered Nurse	Ontario DEC #9

Letters and Certificates of Appreciation will be sent to acknowledge their service to the program.

The Diversion Program will continue recruiting efforts

10.0 REPORT OF THE EDUCATION/LICENSING COMMITTEE

E. Dietz, Chairperson

10.1 Approve/Not Approve: Education/Licensing Committee Recommendations:

M. Bedroni presented this report

Approve Continue Approval of Nursing Programs:

- Point Loma Nazarene University, Baccalaureate Degree Nursing Program
- Santa Barbara City College, Associate Degree Nursing Program

Approve Major Curriculum Revisions:

- California State University, Long Beach, Baccalaureate Degree Nursing Program
- University of California, Los Angeles, Baccalaureate Degree Nursing Program

MSC: Furillo/Dietz that the Board approve the recommendations from the Education/Licensing Committee. 6/0/0

10.2 Ratify Minor Curriculum Revisions

M. Bedroni presented this report

According to Board policy, Nursing Education Consultants may approve minor curriculum changes that do not significantly alter philosophy, objectives, or content. Approvals must be reported to the Education/Licensing Committee and the Board.

The following programs have submitted minor curriculum revisions that have been approved by the NECs:

- California State University, East Bay, Baccalaureate Degree Nursing Program
- California State University, Stanislaus, Baccalaureate Degree Nursing Program
- Samuel Merritt College School of Nursing Baccalaureate Degree Nursing Program (Formerly Samuel Merritt-St. Mary's Intercollegiate Nursing Program)
- Samuel Merritt College School of Nursing, Accelerated Baccalaureate Degree Nursing Program
- College of the Redwoods, Associate Degree Nursing Program
- Los Angeles Southwest College, Associate Degree Nursing Program
- Merritt College, Associate Degree Nursing Program
- Rio Hondo College, Associate Degree Nursing Program
- Santa Ana College, Associate Degree Nursing Program
- Shasta College, Associate Degree Nursing Program

MSC: Furillo/Phillips that the Board approve the minor curriculum revisions. 6/0/0

10.3 Accept/Not Accept Feasibility Study for California State University, Fullerton (CSUF), Entry-Level Master's Program

M. Bedroni presented this report

Mary Wickman, PhD is the Planning Director for the Prelicensure RN Program.

CSUF is located in Northern Orange County and serves the second largest county in California with an enrollment of 35,040 students. Currently CSUF is the only public school in Orange County offering a BSN program and has over 600 nursing students enrolled in undergraduate and graduate nursing options.

Currently the Nursing Department offers a RN-BSN, an ADN to MSN, and a Masters in Nursing with a variety of advanced specializations.

The proposed program is an accelerated generic Master of Science in Nursing. The target date to begin the program is Fall 2007 with pre nursing students having the opportunity to complete pre requisites coursework at CSUF beginning fall 2006. The program is proposing to admit 60 students per year

The university is committed to providing adequate faculty, classroom and skill lab space and staff to provide a supportive structure for this program. Important budgetary cost includes the construction of a skills lab at CSUF and faculty and staff cost to support additional cohorts of 60 generic master's students. A minimum of \$1 to 1.8 million is estimated for construction /renovation of an existing campus facility.

The program was given planning funds from Kaiser Permanente in the amount of \$300,000, from Saddleback Memorial Hospital \$100,000 and Hoag Hospital \$100,000. A special allocation from the Chancellor's Office was also given to support the development of this new program, in addition to \$333,658 in start up funds for such items as the Skill Lab, office setup or remodeling.

Local hospitals were surveyed to determine clinical placement. While most facilities are impacted at traditional hours space is available on night s, weekends and the summer months. The majority of the agencies indicated clinical placement availability for additional students and verbalized support of a pre-licensure program at CSUF. The feasibility study also includes letters of support.

It is anticipated that the curriculum will have 31-34 pre-requisites units, 50 units for Nursing (29 theory /21 clinical), 6 units for communication and 25 units for sciences for a total of 81 units.

The prelicensure content is taught in the first year and includes fall, spring and summer. The last pre licensure content occurs fall of the second year. The students will be able to sit for NCLEX at that time.

MSC: Phillips/Pile that the Board approve the Feasibility Study for CSUF, \ELM Program. 6/0/0

10.4 Accept/Not Accept Feasibility Study from California State University Northridge (CSUN), Accelerated Baccalaureate Degree Nursing Program
M. Bedroni presented this report

Martha Highfield, PhD is Professor and Director of Nursing Program.

CSUN submitted a feasibility study for a prelicensure accelerated second degree Bachelor of Science in Nursing program. The proposed program will admit students who have completed prerequisite courses and a baccalaureate degree in any field from an accredited university. Students will graduate in one year and complete the same number of clinical and instructional hours as other students in

any traditional program, but will do so in intensive, full time programs without breaks.

This proposal is in collaboration with the community and the University administration. It is CSUN faculty's belief that the proposed program, 12 months Bachelor of Science in Nursing, will increase the supply of new RNs in their area.

CSUN is one of the 23 campuses in the CSU system and is the third largest public university in Los Angeles County. It is a liberal Arts institution with several programs in higher education and professional fields.

The CSUN Nursing Program is located in the Department of Health Sciences that is one of eight departments in the College of Health and Human Development. The nursing program currently includes a post licensure RN-BSN track that began in 1993 and a School Nurse Services Credential program that began in 1966.

The feasibility study clearly address the geographic areas served, the characteristics of the population including the demographic and health needs. In reference to the clinical placement of the potential students CSUN is participating in a pilot for the new TriValley Consortium Website for a computerized clinical placement program that will allow coordination of clinical placement among local nursing schools within local health facilities. CSUN has tentatively requested placement for the potential students for Summer 2007. They have been assured that there are slots for additional students.

Summer 2007 is the target semester in which CSUN plans to admit students. Projected enrollment for each year of the next 5 years is 36 students per year, aiming for 180 students in 5 years.

The proposed curriculum will have 34 units of theory and 22 units for clinical (total 56 units). These will be offered concurrently. CSUN has the required resources in place in terms of library, Skill LAB technical support. However additional faculty will need to be recruited.

The initial funding of the program will come from in-kind donations, CSUN BSN foundation, fundraising activities and student fees at the CSUN College of Extended Learning.

MSC: Phillips/Dietz that the Board accept the Feasibility Study from CSUN, Accelerated BSN Program. 6/0/0

10.5 Accept/Not Accept Feasibility Study for University of California, Irvine, Baccalaureate Degree Nursing Program
M. Bedroni presented this report

Ellen M Lewis, MSN is the Program Administrator.

This feasibility study is submitted on behalf of the University of California, Irvine (UCI). The Executive Vice Chancellor and Provost established the program in Nursing Science at UCI in the College of Health Sciences in January 2006 following endorsement by the Irvine Division of the Academic Senate in November 2005. UCI is proposing to establish an undergraduate major in nursing leading to a baccalaureate degree within the College of Health Sciences.

Currently UCI offers educational programs in 12 academic areas such as Arts, Biological Sciences, Education, Engineering, etc. The College of Health Sciences currently includes the school of Medicine, Public Health and Pharmaceutical Sciences.

The type of program proposed is an undergraduate generic-level baccalaureate program in nursing. Education in this discipline initially is proposed at the baccalaureate level with an interest in developing a masters and doctoral program in the near future.

There are two public universities, six private universities and nine public community colleges in Orange County. The county has only four generic-level associate degree nursing program offered through the community colleges.

Orange county has: 29 hospitals, 7 specialty hospitals, 22 community clinics and a large County Health Department. A total of 36 chief nursing officers and administrators from Orange County health care organizations and educational institutions met July 28, 2004 to learn how they can be supportive to this program. This feasibility includes letters of support. Three new or expanded hospitals are planned in Orange County. UCI is building a new state of the art hospital on the Medical Center campus in Orange. This new facility will have 191 beds with space for future expansion to 377 total beds, which include the current main building and the Neuropsychiatry Center. The new hospital is scheduled to open 2008.

The program is envisioned to be completed in four years. Two years of pre requisites course work that can be taken at UC Irvine, community colleges, and other colleges or universities with courses recognized as equivalent by UC Irvine. The students will receive the Bachelor in Science degree.

It is proposed that the first groups of 50 pre nursing students (25 freshman and 25 sophomores) be admitted to lower division course work Fall 2006. Those students will come from UC Irvine. The undergraduate major will provide upper division professional coursework each year. It is expected than half (25) of the upper division students will be UC Irvine students admitted as freshman or sophomore and the other half will be transfers from other colleges and universities.

The UC Irvine Director of Planning has provided a preliminary space plan for the program of nursing science with short and long term plan for faculty offices,

classroom space, student learning center and lounge, and a clinical simulation laboratory.

The initial budget includes allocations from University of California Governor's budget. It includes funds for 35 full time equivalent positions in support of the UC Irvine program in nursing sciences over the next 10 years and additional funds for capital expenditures. Additional clinical instructors will be supported by the many local health care institutions that have Masters prepared clinical specialists and nurse practitioners that are eager to assist in the teaching. Start up financial support is also being provided by the organizations that want the program established as soon as possible.

The program will be part of the College of Health Sciences funding and will be self-sustaining through state funding. Grants and other sources of funding will continually be sought as the program in nursing science expands to meet the needs of the county and the state.

10.6 Approve/Not Approve Clinical Nurse Specialist Task Force Committee Charge and Membership

M. Minato presented this report

The Clinical Nurse Specialist Task Force (CNSTF) is being reassembled for the purpose of developing regulations defining standards of CNS practice and education in California. The CNSTF last met in 2002 and consisted of 10 members. We are requesting the task force be expanded to 13 members to allow for a wider representation of CNSs. CNSs were selected based on their background representing education and practice and geographic location. Organizations that utilize CNSs are represented as well as ANA-C, the Veteran's Administration (VA), the California Nurses Association and the SEIU California State Council. The physician member recommendation has to yet be made. A synopsis of each member's qualifications was provided for review. The 12 members for BRN approval are listed below.

1. Nancy A. Stotts, MN, CNS, EdD, UCSF School of Nursing, representing education, Northern California, former member.
2. Patricia Ann Radovich, MSN, CNS, representing education, Southern California
3. Ann Mayo, MSN, CNS, D.N.S.c, representing practice, Gerontology, Northern California, former member
4. Glenda Totten, MSN, CNS, representing Kaiser Permanente, practice, Critical Care, Southern California.
5. Yvonne A. Dobbenga Rhodes, MS, CNS, representing practice, Maternal-Child Health, Northern California.
6. Kathleen J. Klimpel, MSN, CNS, representing practice, Pediatrics, Southern California.
7. Ginger S. Braun Pierson, MSN, CNS, representing practice, Critical Care, Southern California
8. Cherry L. Hicks, MS, CNS, representing practice, Medical Surgical, Northern California

9. Elissa Brown, MSN, CNS, representing ANA-C, practice, Psychiatric Mental Health, Southern California, former member.
10. Kathleen L. Dunn, MS, CNS, representing VA, practice, Rehabilitation Nursing, Southern California
11. Barbara Williams, MA, CNS, representing C.N.A., practice, Psychiatric Emergency Services, Northern California.
12. Cathy Ruebusch, MSN, CNS, representing SEIU California State Council, Oncology Nursing, Northern California

Charge to the Clinical Nurse Specialist Task Force (CNSTF)

The CNSTF's primary goal now is to establish regulations for CNS practice and education, and to establish categories of CNSs and the standards required to be met for CNS in each category. The membership has expanded to 13 for a wider representation of the specialties. Recommendations of the CNSTF are sent to the Education/Licensing Committee for consideration and the ELC's recommendations are sent to the full Board.

MSC: Pile/Dietz that the Board approve the CNS Task Force Members.

10.7 Information Only: Education Advisory Committee Update

C. Mackay presented this report

The 2004-2005 BRN Annual School Report was posted on the BRN web site March 7, 2006. The report generated a great deal of interest at the State Legislature and with other organizations. The Board received numerous inquiries for additional data analysis.

Through an interagency agreement, the online school survey database has been moved to the University of California, San Francisco. Dr. Joanne Spetz will be conducting further trend analyses. In addition, Dr. Spetz will be conducting the 2005-2006 BRN Annual School Survey for the Board.

A process that will permit individuals to obtain the database to conduct further research is being developed. The BRN will coordinate all requests. Potential researchers will complete a Data Request Form.

The regional analysis of key data points from the 2004-2005 BRN Annual School Report will be released on May 1, 2006. This is the first time that region specific data related to nursing programs will be available for future planning purposes.

The survey questionnaire is being revised. Using feedback from survey respondents and data users, as well as findings identified during the administration/evaluation process, certain improvements are being made.

The grant, which has been supporting the EAC and its work, concludes June 30, 2006.

10.8 Information Only: Report on the Simulation Center Survey of Prelicensure Nursing Programs

M. Minato presented this report

A survey on clinical simulation centers was distributed to all prelicensure nursing programs in January 2006. Of the 105 approved prelicensure nursing programs, 69 programs (65.7%) returned the survey.

There are nine regional RHORC groups that are being considered as a way to group regional simulation centers (Table 1). Baccalaureate programs were added to the appropriate geographical RHORC group to the regional groups for tabulation purpose. The data from survey was provided for review.

Results of the survey are as follows:

- 38 (55%) of the programs reported that they own one or more hi-fidelity mannequin in their lab. Southern CA schools, RHORC regions 7, 8, and 9 have the majority of mannequins. Laerdal's Sim-Man is the most popular model of hi-fidelity mannequin.
- Six (8.7%) of the programs indicated they have a Clinical Simulation Center (CSC), while 23 (33.3%) and 40 (58%) of the programs indicated having Enhanced Lab and Skills Lab, respectively.
- Five programs reported that their CSC is on campus, while two programs reported they have an off campus CSC. The off-campus CSCs are operated in partnership with a local hospital. The partnerships CSC are in RHORC's region 7, Greater LA, and region 8, Orange County.
- Only 7 programs (10.1%) of those responding to **Question 5** indicated they have implemented simulation experiences into their curriculum. Approximately 43% of the programs reported have indicated a limited simulation experience or will start in the academic year 2006-07. 13% of the programs reported using the traditional case studies in the Skills Lab.
- Course content that programs reported as having clinical simulation experiences, in the order of most mentioned to the least are:
 1. Medical Surgical/Critical Care – 29 / 52 (55.8%)
 2. Obstetrics – 11 / 52 (21.2%)
 3. Fundamentals and Pediatrics – 6 / 52 (11.5%) each
- 44 (63.8%) of the schools reported indicated that they have not reduced direct patient care experience in relation to experiences with clinical simulation; while 5 (7.2%) programs indicated that they have either reduced or plan to reduce direct patient care experience.
- 38 (55.1%) of the schools reported that they plan or are ready to incorporate the simulation experiences within 1 year. 16 (23.2%) indicated they need 2 to 3 years to incorporate simulation and one program indicated it needed 3 or more years.
- Programs identified the following as needed in the order of most frequently mentioned to least to prepare faculty to include simulation in the curriculum. The number includes all needs that were identified by programs, i.e., one program may have mentioned more than one need.

1. Faculty training/Onsite faculty development – 31 (44.9%)
 2. Release time for training and for scenario preparation – 21 (30.4%)
 3. Space/Equipment/ Partnership – 13 (18.8%)
 4. Technical Support/Coordinator – 6 (8.7%)
 5. Motivated, dedicated faculty/networking – 4 (5.8%)
- 43 (62.3%) programs that responded indicated they had not used the 25% guideline allotted for simulation to increase capacity. 6 (8.7%) programs reported they have used it to increase capacity and 6 (8.7%) indicated they plan to use the guideline to increase capacity.
 - 30 (43%) programs recommended no change to the Board's current 25% guideline for simulated clinical experiences. 15 (21.7%) recommended an increase. Recommended number was usually 30 to 35%; one program indicated increasing to 50%. 4 (5.8%) recommended increasing the percentage in the specialty courses, such as Pediatrics and Obstetrics. One program recommended decreasing the percentage, while another program recommended keeping it flexible.
 - A major concern expressed by the programs regarding changing the 25% guideline is the loss of direct patient care experience. The loss of experiences with patient and/or health team interactions, priority setting and on-the-unit clinical experiences that cannot be gained in simulated environment were identified as concerns (17 programs). Programs also cited inadequate data to make a decision. There was also mention of having a range of percentage to allow programs flexibility in implementing the new technology in the curriculum.

10.9 Information Only: NCLEX-RN Pass Rate Update

K. Daugherty presented this report

The Board of Registered Nursing receives quarterly reports from the National Council of State Boards of Nursing (NCSBN) about the NCLEX-RN test results by quarter and with an annual perspective. The following tables show this information for 12 months and by each quarter.

NCLEX RESULTS – FIRST TIME CANDIDATES

April 1, 2005 – March 31, 2006

JURISDICTION	TOTAL TAKING TEST	PERCENT PASSED %
California	7,010	86.50
United States and Territories	102,027	87.48

CALIFORNIA NCLEX RESULTS – FIRST TIME CANDIDATES

By Quarters and Year – 04/01/05 – 3/31/06

04/01/05 – 06/30/05*		07/01/05 – 9/30/05*		10/01/05- 12/31/05*		1/01/06 – 3/31/06*		04/01/05 – 03/31/06*	
# cand.	% pass	# cand.	% pass	# cand.	% pass	# cand.	% pass	# cand.	% pass
1,237	87.15	3,084	86.22	562	76.69	2,127	89.14	7,010	86.50

*Includes (6), (9), (8) & (2) “re-entry” candidates

The Nursing Education Consultants monitor the NCLEX results of their assigned programs. Current procedure provides that after each academic year, if there is substandard performance (below 70% pass rate for first time candidates), the NEC requests that the program director submit a report outlining the program's action plan to address this substandard performance. Should this substandard performance continue in the second academic year, an interim visit is scheduled and a written report is submitted to the Education/Licensing Committee. If there is no improvement in the next quarter, a full approval visit is scheduled within six months. A report is made to the Education /Licensing Committee following the full approval visit.

The Board will continue to monitor results

11.0 Report of the Nursing Practice Committee

Grace Corse, Chairperson

11.1 Information Only: Information Only: Summary of 2005 Goals and Objectives

Janette Wackerly presented

The following is a summary of the Nursing Practice Committee accomplishments for 2005.

Goal 1. In support of the consumer's right to quality care, identify and evaluate issues related to registered nursing tasks being performed by unlicensed assistive personnel.

Objective 1.1 Take an active role in activities conducted by other agencies and organizations related to unlicensed assistive personnel.

Continued an active role with the Department of Social Services, Community Care Licensing, Assisted Living, Child Care and Elder Care. The primary activities dealt with medication administration and DSS regulations for incidental medical services.

Letter of Support: California State Board of Education Program Advisory on Medication Administration in Public Schools.

Objective 1.2 Disseminate orally and in writing, the Board's position on the use of unlicensed assistive personnel and/or regulation once accepted.

The BRN advisory on Unlicensed Assistive Personnel is available on the Web site and by mail from the Board.

Goal 2. Evaluate the impact on patient safety of nursing care being provided by other licensed/certified health care personnel, when care may not be legally authorized

Objective 2.1 Monitor the provision of nursing care by other licensed/certified health care personnel for the possible unauthorized practice of registered nursing.

Continuing to monitor implementation of the acute care hospital Nurse Staffing Ratio. Issues related to RN scope of practice and delegation of patient care activities to the LVN remains problematic. Department of Health Services Acute Care Regulations states that LVNs may comprise 50 percent of the licensed staff in an acute care hospital. The LVN scope of practice includes providing care under the supervision of an RN. To assist acute care hospital RNs in understanding their scope of practice the following information was developed “Understanding the Role of the Registered Nurse and Interim Permittee” and approved by the board. The informational document includes direct quotations from BCP 2725 Nursing Practice Act, CCR 1443.5 Standards of Competent Performance, CCR 1414 Functions of an Interim Permittee and Title 22, CCR Section 70215. Hospitals, registered nurses and the general public have reported finding the information very helpful.

July 14, 2005 Sacramento Superior Court granted a petition for a writ of mandate that commands the LVN board to set aside regulation CCR 2542, 2542.1, 2547, 2547.1 of Title 16. The RN may not longer delegate to the LVN administration of intravenous medication to patients in hemodialysis, pheresis, and blood bank settings under certain conditions. The LVN board has disseminated this information. The RN board staff has continued to provide information regarding changed LVN scope of practice in dialysis, pheresis and blood banks.

Objective 2.2 Monitor activities of other regulatory agencies to ensure that any actions which affect registered nursing practice will be in accord with the Nursing Practice Act.

Participated in the EMS authority Interfacility Transport, Critical Care Transport.

Goal 3 Develop and implement processes for the Board to interact with stakeholders to identify current trends and issues in nursing practice and the health care delivery system.

Objective 3.1 Actively participate with other public and private organizations and agencies involved with health care to identify common issues and to promote RN scope of practice consistent with the Nursing Practice Act and ensuring consumer safety.

Board staff has worked with the ACNL organization to promote understanding of RN scope of practice, participating in workshops and attendance at yearly meetings. Interact with ACNL members, Director’s of Nursing Services and RN staff regarding RN scope of practice and the RN’s patient care responsibilities.

Executive Officer, Supervising NEC and NECs attendance at the Association of California Nurse Leaders Conference in Monterey CA on February 6-9, 2005.

Executive Officer, Supervising NEC and NECs attendance at Kaiser Permanente, Southern California Region, Kaiser Foundation Hospital, program titled “What is the Quality of the Evidence for Professional Nursing Practice Environment?” in Pasadena CA on December 6, 2005

The California Council of Operating Room Nurses provided standards of practice for with RN First Assistant and information on perioperative practice including scrub nurse functions. Several healthcare facilities requested interpretation of RN scope of practice that included updating regarding scrub nurse functions. The RN scope of practice questions dealt with the RNs ability to provide technical assistance when the surgeon did not have a first assistant in surgery. The Operating Room Nurses Association provides the standards of nursing practice, scrub nurse and first assistant.

Objective 3.2 As nursing practice issues arise, convene BRN focus groups of RNs for input in shaping Board policy.

Focus group not initiated for 2005.

Goal 4 Identify and implement strategies to impact identified trends and issues.

Objective 4.1 Provide timely written and or verbal input on proposed regulations related to health care policies affecting nursing care.

No current activity to report accept as already reported in this document.

Objective 4.2 Collaborate with the Education/Licensing Committee on educational issues/trends and the Legislative Committee on legislation pertaining to nursing practice.

Executive Officer, Supervising NEC and NECs attendance at Magic in Teaching: Strategies for Nursing Faculty, in San Francisco, September 23, 2005. Produced in collaboration between BRN and Moore Foundation.

SNEC and NECs attendance at the California Organization of Associate Degree Nursing Program Directors on March 9, 2005 in San Diego.

Objective 4.3 Review and revise current BRN advisory statements and recommend new advisory statements as needed to clarify standards of nursing practice.

Informational advisory: Recommended:

*The Role of the Registered Nurse in Management of Patients Receiving Moderate Sedation/Analgesia for Therapeutic, Diagnostic or Surgical Procedures.
(previously Conscious Sedation)

*RN Scope of Practice: Delegation and Supervision of LVN's

*Practice of the Certified Registered Nurse Anesthetist

Informational advisory Board approved:

*Nurse Midwives Furnishing BPC 2746.51 Schedule II Controlled Substances

*RNs providing influenza and pneumococcal immunization in skilled nursing facilities in accord with Section 1261.3 Health and Safety Code.

*RN frequently asked questions: Medisets, Imaging for PICC line placement, RN owning a nursing business.

*Updating Performance of Laser Therapy by RNs

Goal 5 Develop and implement processes for the Board to interact with stakeholders to identify and evaluate issues related to advanced practice nursing and to promote maximum utilization of advanced practice nursing.

Objective 5.1 Support and promote full utilization of advanced practice nurses.

Board Staff worked with California Association of Nurse Practitioners in the development of a Continuing Education course including Schedule II Controlled Substances to meet the educational requirement AB 1196 for nurse practitioners to be eligible for Schedule II DEA registration.

Board staff coordinated with the Department of Justice representatives, DEA, a notification method to authorize Nurse Practitioner Furnishing requesting Schedule II privileges. The method adopted by the Board is a BRN Web-site.

Objective 5.2 Monitor trends and growing opportunities for advanced practice nursing in areas of health promotion, prevention, and managing patients through the continuum of care.

The changing furnishing authority, BPC 2836.1, including Schedule II Controlled Substances and tamper resistant prescriptions have provided opportunities for nurse practitioner practice to begin or enhance pain management of their patients. The BRN staff has daily interactions with NPs, doctors, health spa's, office practice question through telephone calls, e-mail, and correspondence. There has been an increase in request for interpretation of "solo practice". Increased questions about NPs in the Aesthetic or Cosmetic medical practices with laser, microdermabrasion, Botox, Restalyn and other skin care procedures.

Objective 5.3 Actively participate with organizations and agencies focusing on advanced practice nursing.

The Association of Certified Registered Nurse Anesthetists presented information on the Scope and Standards for Nurse Anesthesia Practice from the American Association of Nurse Anesthetists. A CANA (California) Association member presented written and verbal information about the history and practice of CRNA's in California.

The BRN has been actively involved with the California Association of Nurse Practitioners with their request for regulation change to incorporate language regarding nurse practitioner scope of practice. The Association has provided

11.2 Approve/Not Approve: Goals and Objectives for Calendar Year 2006-2007

Janette Wackerly presented this report

The Goals and Objectives were updated to reflect changes for addressing practice issues and the necessity as appropriate to promulgate regulation.

Goal In support of the consumer's right to quality care, identify and evaluate issues related to registered nursing tasks being performed by unlicensed assistive personnel.

Objective Take an active role in activities conducted by other agencies and organizations related to unlicensed assistive personnel.

Goal Evaluate the impact on patient safety of nursing care being provided by other licensed/certified health care personnel, when the care may not be legally authorized.

Objective Monitor the provision of nursing care by other licensed/certified health care personnel for the possible unauthorized practice of nursing.

Objective Monitor activities of other regulatory agencies to ensure that any actions which affect registered nursing practice will be in accord with the Nursing Practice Act.

Goal Develop and implement processes for the Board to interact with stakeholders to identify current trends and issues in nursing practice and the health care delivery system.

Objective Actively participate with other public and private organizations and agencies involved with health care to identify common issues and to promote RN scope of practice consistent with the Nursing Practice Act and ensuring consumer safety.

Objective As nursing practice issues arise, convene BRN focus groups of RNs for input in promulgating regulations, as needed to address the issues

Goal Identify and implement strategies to impact identified trends and issues in nursing and health care.

Objective Provide timely written and/or verbal input on proposed regulations related to health care policies affecting nursing care.

Objective Collaborate with the Education/Licensing Committee on educational issues/trends and the Legislative Committee on legislation pertaining to nursing practice.

Goal Develop and implement processes for the Board to interact with stakeholders to identify and evaluate issues related to advanced practice nursing and to promote maximum utilization of advanced practice nursing.

Objective Support and promote full utilization of advanced practice nurses.

Objective Monitor trends and growing opportunities for advanced practice nursing, NP, CNM, CRNA, and CNS.

Objective Actively participate with organizations and agencies focusing on advanced practice nursing.

Objective In collaboration with the Education/Licensing Committee remain actively involved in facilitating communication and work in progress for education/certification function and communication with advanced practice educational program directors, professional organizations, state agencies and other groups.

12.0 Open Forum

James Underdown, Executive Director, Center for Inquiry-West

Meeting Adjourned at 11:50 a.m.

Ruth Ann Terry M.P.H., R.N.
Ruth Ann Terry, MPH, RN
Executive Officer

L. Tate
L. Tate
President